

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	702015	1-13-99
O.I.P.E. CLASSIFIER		5	1-15-99
FORMALITY REVIEW	Q	71098	1/24

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	3/20/01
2	3/20/01
3	3/20/01
4	3/20/01
5	3/20/01
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7	3/20/01
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50	3/20/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here